

# CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14		1				
15						
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21						
22						
23		1				
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48						
49						
50						
Total Indep	1					
Total Depend	6					
Total Claims	7					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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99						
100						
Total Indep						
Total Depend						
Total Claims						